

REDBRIDGE SAFEGUARDING ADULT BOARD (RSAB)

London Borough of Redbridge Safeguarding Adults Local Protocol



Redbridge Safeguarding Adults

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Introduction

This document represents the commitment of organisations in the London Borough of Redbridge to work together to safeguard adults at risk.

This has been developed by the LB Redbridge Safeguarding Adults Service to meet the requirements of the [Care Act 2014](#) and the [London Multi-Agency Adult Safeguarding Policy & Procedures](#).

Redbridge aims to work with the local community and our partner agencies to keep adults at risk safe and protect them from abuse. We aim to treat people with dignity and respect and to protect them from harm, exploitation, and abuse and to promote their health and wellbeing.

This document is divided into three sections:

- **Local Arrangements in Redbridge** - provides clarification on the roles and responsibilities of practitioners and managers across all agencies in Redbridge
- **Policy Section** - outlines the policy that applies to all partners to use to meet their responsibilities
- **Useful Links**

This protocol should be read in conjunction with the [London Multi-Agency Adult Safeguarding Policy & Procedures](#).

NB: It is anticipated that the London Multi-Agency Adult Safeguarding Policy and Procedures will be updated in Autumn 2023.

Section One: Local Arrangements in Redbridge

1. Purpose of Protocol

- This Protocol describes the roles of staff and partner agencies in Redbridge who work in health and social care, when responding to a concern, or an alert of abuse or neglect of an adult at risk.
- The Protocol should be applied in conjunction with the [London Multi-Agency Adult Safeguarding Policy & Procedures](#). It has been designed to support these procedures and clarify roles and responsibilities to reflect local structures and systems in Redbridge.
- The Protocol sets out a clear framework with documentation to assist in all stages of the process.

2. Reporting a Safeguarding Concern in Redbridge

A safeguarding concern may be reported by **anyone** who has concerns about the actual or possible abuse or neglect of an adult and who wishes to take action to inform adult services or another agency about their concerns.

In all cases where a person is in immediate danger, urgent action should be taken at once by calling the emergency services on 999. In a non-emergency situation dial 101.

Concerns should be reported to the Local Authority's Adult Health and Social Care Services through:

- First Contact Team **020 8708 7333 Monday to Friday 09:00 – 17:00**
- To report out of hours (after 17:00, weekends and public holidays) **call 020 8553 5825**
- **E-mail** Adults.alert@redbridge.gov.uk
- Completion of an [online referral form](#).
- To report a crime - <https://www.met.police.uk/ro/report/ocr/af/how-to-report-a-crime/>

During 09:00 – 17:00 hours, the member of staff from the Mental Health, Community Health & Social Care Service taking the call must record the details onto a Safeguarding Concern Form. This must be completed within 24 hours of the notification and will be forwarded to the relevant integrated health and social work cluster.

Contacts

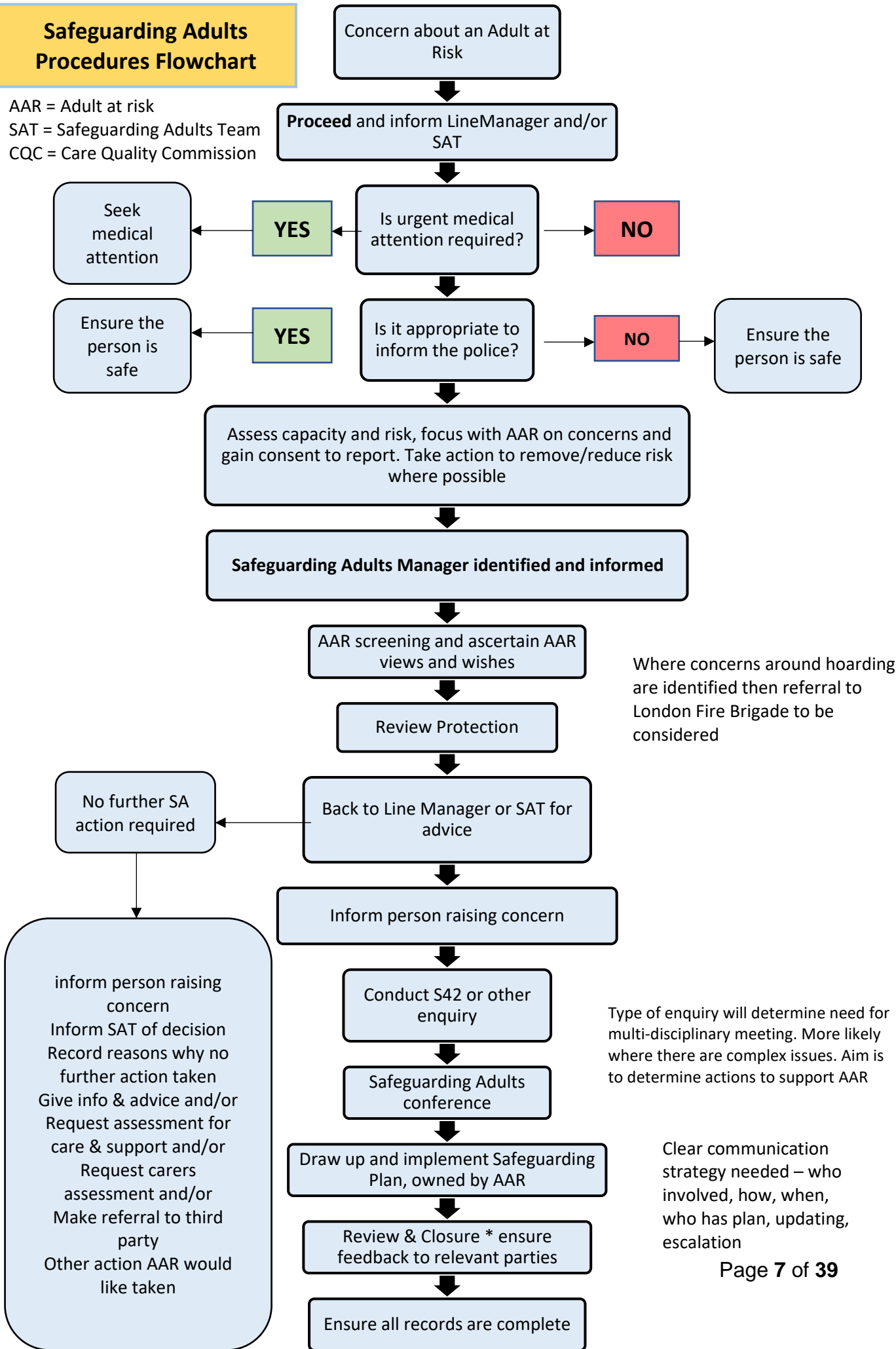
Adult at Risk	Integrated Health & Social Work Team
Unknown to any team	First Contact Team 020 8708 7333 Adults.Alert@redbridge.gov.uk
Mental Health	All adult MH teams except Home Treatment Team (RHTT) 0300 300 1706 Email: RB-MHWTSPA@nelft.nhs.uk MH Direct 24/7 0800 995 1000 Redbridge HTT Direct Line: 0300 300 1882
Known to the Community Health & Social Care Service (CHSCS)	Cranbrook & Loxford CHSCS Locality Team 020 8708 2229
	Seven Kings CHSCS Locality Team 02087082188, Option 2
	Fairlop CHSCS Locality Team 020 8708 7004/ 020 8708 27006
	Woodford & Wanstead CHSCS Locality Team 020 8708 2389
	Hospital Social Work Teams King George and Whipps Cross Hospitals 0208 7083038

All safeguarding incidents that occur on the mental health wards at Goodmayes Hospital must be referred to the Home Treatment Team (RHTT) if not allocated to any other Community Mental Health team. If the Adult at Risk is allocated to a Community Mental Health Team, then it must be transferred to the allocated team. The First Contact Team, via Adults.Alert@redbridge.gov.uk must always be copied into all referrals.

Upon receipt of a referral, the relevant mental health or locality team will take the lead for carrying out enquiries or nominate a relevant person or organisation/agency to do so. In circumstances where it is suspected that a criminal offence has been carried out then this needs to be reported to the police who will take the lead on any investigation.

Safeguarding Adults Procedures Flowchart

AAR = Adult at risk
 SAT = Safeguarding Adults Team
 CQC = Care Quality Commission



Where concerns around hoarding are identified then referral to London Fire Brigade to be considered

Type of enquiry will determine need for multi-disciplinary meeting. More likely where there are complex issues. Aim is to determine actions to support AAR

Clear communication strategy needed – who involved, how, when, who has plan, updating, escalation

3. Who Might the Abuser be?

Abuse is usually caused by someone else; however, adults can sometimes neglect their own care and support needs (this can be known as self-neglect). Abusers may be:

- Family members
- Carers – paid and unpaid
- Professional staff
- Voluntary Workers
- Other adults at risk
- Friends
- Young people
- Strangers

4. Signs of Abuse

Signs to look out for may be one or a combination of the following:

- Multiple bruising or finger marks
- Unexplained injuries
- Deteriorating health
- Weight loss
- Prevention of access to the adult at risk
- Mood changes
- Tearfulness
- Neediness, wanting affection or being clingy
- Unkempt/inadequate clothing
- Shortage of money

5. Safeguarding and Young Adults

Where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements (*14.5 Care Act 2014*). Where appropriate, workers in Redbridge adult safeguarding services should involve Redbridge Children safeguarding colleagues as well as any relevant partners such as the police and NHS or other persons relevant to the case. If a child is in immediate danger, contact the police on 999.

For children (under 18 years of age) where there are safeguarding concerns, these should

be raised via completion of a Multi-Agency Referral Form (MARF) and sent to the Redbridge MASH (Multi-Agency Safeguarding Hub) via CPAT.referrals@redbridge.gov.uk . The MARF can be downloaded from the [Redbridge Safeguarding Children Partnership \(RSCP\) website](#). Full information about accessing social care and thresholds can be found in the [RSCP Multi-Agency Safeguarding Thresholds: Are you worried about a child?](#)

- The Redbridge MASH can be contacted via 020 8708 3885 from 09:00 to 17:00
- 020 8708 5897 after 17:00, at weekends and on public holidays

6. Recognising Signs of Abuse of Children

All workers in Redbridge Mental Health and the integrated Community Health & Adult Care, Public Health & Wellbeing Hub need to be aware of signs of child abuse, including sexual abuse, when working with families. Concerns may require joined up working with Children's Service and the police.

Further information and guidance in relation to safeguarding children at risk of exploitation can be found in [PG37 of the London Safeguarding Children Practice Guidance](#):

If you have concerns about a child's welfare or suspect that a child is being abused call Redbridge Children Social Services immediately on:

- 020 8708 3885 (09:00 – 17:00, Monday to Friday) or
- 020 8708 5897 (Out of hours – after 17:00, weekends and public holidays)

Key Indicators of child abuse and neglect include:

1. Poor appearance and hygiene
2. Changes in behaviours such as becoming clingy, anxious, or aggressive
3. Changes in eating habits
4. Unexplained gifts
5. Lack of confidence and self esteem
6. Mood swings
7. Persistent running away from home or missing from school
8. Having few friends and seeming to be isolated from parents/family
9. Lacking social skills
10. Drug and alcohol misuse
11. Self-harm or attempts at suicide
12. Bruises
13. Broken or fractured bones
14. Burns or scalds

15. Lacerations to the body or mouth
16. Head injuries
17. Displaying inappropriate sexualized behaviours
18. Inappropriate, sexually exploitative relationships where the young person believes the abuser to be their boyfriend or girlfriend, perceiving him/herself to be in a consensual romantic relationship with this individual.
19. Groups of adults abusing young people often through a particular adult, often seen as a “boyfriend” by the victim of the abuse.
20. Abuse of children via the internet. This can include online grooming of children, particularly through social networking applications and is usually “non-contact” abuse for example through encouraging the child to share indecent images or streaming of sexual abuse. It can occasionally develop into meetings offline which can lead to contact abuse.
21. Peer-on-peer exploitation, particularly by gangs and other peer groups including sexual abuse as part of the group’s rituals or “initiation”.

7. Guidance for Action

All concerns or issues regarding abuse or suspected abuse of an adult, in any setting, must be reported to Redbridge Adult Services (see contacts on pages 5 and 6). Officers will ensure that all the relevant information available at this stage is acted upon and recorded.

Information Needed	Decision Required
<p>Adult at risk: Needs/circumstances</p> <ul style="list-style-type: none"> • Information to decide re vulnerability • Background info and home circumstances • Have there been previous abuse concerns • What’s known re their capacity and communication skills? • What’s known re their views of concern and what they want to be done • Significant others, their involvement and need to know 	<p>Is this person an adult at risk as described in the procedures?</p> <ul style="list-style-type: none"> • How urgently should a visit be made, who else should be involved (e.g., Provider, family, health professional) Are there risks in visiting? Are there communication needs to consider? • Are there considerations that might override the views of the person e.g., alleged person causing harm is care worker, or another service user. Who will discuss this with the adult concerned?

Detail of Concern	
<ul style="list-style-type: none"> • Exact detail of who said what to whom, when. Who is the originator of the concern? Where did it happen? • Has it been witnessed? • Has it been recorded as incident or in a statement? Has a body map been done? Have documents been signed, dated with time (if appropriate) • Who is the alleged person causing harm? • Is there evidence of a crime that may need to be secured? 	<ul style="list-style-type: none"> • Is this a crime, should it/has it been reported, by whom, to whom? CAD or crime report number. What support will person need in visit by the police? • Is suspension indicated? Might there be a conflict between acting to suspend and a criminal investigation? Do the wishes of the service user for NFA need to be overridden? • Role of social worker/care coordinator in clarifying these issues between the parties. • Is the concern more about relationship difficulties than abuse (in personal context) OR more about poor practice than abuse (in service context)
<p>Risk management and medical Attention</p> <ul style="list-style-type: none"> • Is medical attention needed? • What are the immediate risks, Are they high risks? How can they be minimised? • What immediate support does the victim want/ present as needing? • Are there risks to others in addition to the subject of the concern? How can these be managed? • Are there risks to a child or children that should be reported? 	<p>Who will arrange this, are there significant others who need to be involved?</p> <ul style="list-style-type: none"> • Is medical evidence needed, should a forensic examination be arranged by the police? • Is legal advice needed? • Is the safeguarding plan in proportion to the degree of risk and harm, and the least restrictive? Is it in accordance with the known wishes of the alleged person harmed? Can the person evaluate the risks? Does the person require an advocate? Is a Best Interests Decision required? Should a referral be made to IMCA?
<p>Reporting to/informing others</p> <ul style="list-style-type: none"> • The police (see above) • CQC: is the service registered, has the provider reported the incident/ allegation? When? • Have family/ significant others been advised, by whom and when? What does the person want in involving others? 	<ul style="list-style-type: none"> • What is the person saying about information sharing? • Are there considerations that override the expressed views of the person

<ul style="list-style-type: none"> • Do other professionals/ organisations need to be advised e.g., placement & brokerage, HCPC, health staff, placing authority, child protection? 	
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Does initial investigation/information gathering indicate?

- No Further Action (NFA)

OR

- Further investigation and safeguarding plan (Strategy Meeting/discussion, consultation)

OR

- Care and safeguarding plan (Case Conference)

8. User Incident as Safeguarding Adults Concern

It is important to note that allegations may be made that an adult at risk may have been abused by another adult at risk given the number of incidents that can occur when people live together or are involved in group work and activities. It is important to distinguish between those incidents that are abusive and those that are accidental or related to ordinary, everyday differences between people. This section provides a checklist of factors to consider in making a decision, whom should be involved, and how the decision should be recorded and ratified.

A manager should always be involved in decisions about reporting. In the event of uncertainty, an incident should be reported. The protocol includes incidents both alleged and observed.

Reports or disclosures of sexual assault is a crime and should always be reported to the police. However, if the individual has the mental capacity to make a decision and they do not want it reported to the police, information and advice must be offered to them.

Factors for Consideration

- Severity of the incident; the degree of harm or injury.
- Potential risk of further harm and re-occurrence.
- Whether it is an isolated incident or part of a pattern of behaviour.
- The impact on the victim, both as reported and observed (e.g., distress, anxiety, behaviour change.)
- The wishes of the alleged person harmed
- The intentionality of the “person causing harm” if evident without questioning or further

assessment.

- The extent to which the relationship is one of equality, bearing in mind differences in physical, cognitive, and emotional factors, personal and social power and authority
- The history and antecedents of incidents between the service users involved, and the alleged “person causing harm” and other service users
- The degree of coercion, threat, or manipulation, if known or reported.
- The risk to others

It may be that many of these factors are not known and should form part of a Safeguarding Adults Enquiry process; however, the factors may be known and of assistance in deciding whether to refer or not. If a crime has been reported to the police, all staff **MUST BE AWARE** not to commence making enquiries and interviewing thereby compromising a criminal investigation.

Decision

The decision to refer or not should always involve a manager in the service and recorded on the adult’s file and health and safety accident/incident form (when one is completed). If information is particularly sensitive, a management decision may need to be made concerning what is recorded and where it will be held.

The record should include the reasons for the decision, who was involved in the decision and who was consulted, e.g., adult at risk, other professionals, relatives or advocates as appropriate.

In the event of a disclosure or incident: DO’s

- Make sure the individual is safe
- Assess whether emergency services are required and if needed call them
- Listen
- Offer support and reassurance
- Ascertain and establish the basic facts
- Obtain views of adult at risk and what their desired outcomes are
- Establish the mental capacity of the adult at risk in relation to the concerns
- Make careful notes and obtain agreement on them
- Ensure notation of dates, time and persons present are correct and agreed
- Take all necessary precautions to preserve forensic evidence
- Follow correct procedures
- Explain areas of confidentiality; immediately speak to Line Manager for support and guidance
- Explain the procedure to the individual making the allegation; and
- Remember the need for ongoing support.

DONT’s

- Confront the alleged person causing harm
- Be judgmental or voice your own opinion

- Be dismissive of the concern
- Investigate or interview beyond that which is necessary to establish the basic facts
- Disturb or destroy possible forensic evidence
- Consult with persons not directly involved with the situation
- Ask leading questions
- Assume Information
- Make Promises
- Ignore the allegation
- Elaborate in your notes; or
- Panic

9. Information Sharing

- The Care Act sets out the legal duty for agencies to cooperate where there is a duty to safeguard. Other legislation also applies to information sharing dependent on circumstances and the [Data Protection Act 2018](#), which is the UK's implementation of the General Protection Regulation (GDPR), is vital in protecting people's information.
- Everyone responsible for using personal data has to follow strict rules called 'data protection principles'
- Information shared must be used fairly, lawfully, and transparently
- Used for specified explicit purposes
- Used in a way that is adequate, relevant, and limited to what is necessary
- Accurate and, where necessary, kept up to date
- Kept for no longer than is necessary
- Handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction, or damage
- Statements of confidentiality and equal opportunities as noted on the safeguarding meeting templates must be read out at the beginning of each safeguarding adults meeting
- Whenever possible, an adult must be consulted about information being shared on their behalf
- If the adult at risk has the mental capacity to decide about sharing their information, and they are not being pressured or intimidated, their agreement should be gained, and refusal respected
- In cases where a crime has been committed, the police will be informed and the level of risk to other adults or children will inform any actions/decisions.
- Informed consent must therefore be obtained but if this is not possible and others are at risk, it may be necessary to override the requirement
- Under [Section 115 of the Crime & Disorder Act 1998](#) a worker has the duty to share information if he/she thinks a crime has been or could be committed in

the future. The [Public Interests Disclosure Act 1998 Section 43b](#) provides protection for the worker sharing information with the police about a suspected crime.

- Confidentiality must not be confused with secrecy

10. Safeguarding Adults Enquiry

Section 42 of the Care Act 2014 places a duty on the London Borough of Redbridge to make enquiries or to ask others to make enquiries, where they reasonably suspect that an adult living in the borough is at risk or is experiencing abuse or neglect. A safeguarding enquiry refers to any enquiries made or instigated by the London Borough of Redbridge after receiving a safeguarding concern.

Safeguarding duties apply to an adult who:

-

- ***has needs for care and support (whether or not the local authority is meeting any of those needs) and***
- ***is experiencing, or at risk of, abuse or neglect; and***
- ***as a result of those care needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect***

The purpose of the enquiry includes:

- Establishing the facts about the concerns raised
- Establishing the concerned adult's views or those of their representative and their desired outcomes
- To implement a Safeguarding Plan
- To review the management of circumstances or service, which has increased risks to the adult at risk and what improvements need to be made to alleviate or eliminate the risks

There are two types of safeguarding enquiries:

- **Statutory Safeguarding Enquiry** – The London Borough of Redbridge is required by law to carry out safeguarding enquiries for those individuals who fit the criteria outlined in Section 42 of the Care Act 2014 or cause others to carry out the enquiry. Where the London Borough of Redbridge has a reasonable cause to suspect that an adult in the borough (whether or not ordinarily resident) and that adult has:
 - needs for care and support (whether or not the local authority is meeting any of those needs) **and**
 - is experiencing, or at risk of, abuse or neglect; **and**
 - as a result of those care needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

The London Borough of Redbridge must make or cause others to make whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what should happen and by whom.

- **Non-Statutory Safeguarding Enquiry** – This refers to safeguarding enquiries carried out on behalf of adults who **DO NOT FIT** the criteria outlined in Section 42 of the Care Act 2014. The London Borough of Redbridge is not required by law to carry out enquiries for those adults but may do so at their own discretion. The enquiries may relate to an adult who:
 - Is believed to be experiencing, or is at risk of abuse or neglect
 - Does not have care **and** support needs (but might just have support needs).

Adults who may be considered for statutory or non-statutory enquiries may include the following:

- Individuals with learning disability support needs
- Mental health needs
- Older people
- People with physical disability or sensory needs
- Adults who have suffered from domestic violence
- Adults who have suffered from neglect and self-neglect
- Victims of abusive care practices
- Female genital mutilation (FGM)
- Modern slavery and/or human trafficking
- Honour based violence
- Victims of hate crime and anti-social abuse behaviour

The Functions of a Safeguarding Adults Section 42 Enquiry

Factors to consider	
The level of risk of abuse or neglect	The ability of the adult at risk to protect him/herself
Level of risk to others	Impact on individuals and important relationships Risk of acts involving children
Mental Capacity	In line with the Mental Capacity Act 2005, assume individual has capacity to make decisions about the concerns, unless you have reason to suspect otherwise. If so, then carry out a formal capacity assessment in relation to the specific issue
Empowerment	Potential of any action and increase of risk to others
Individual human rights	Risk of repeated acts
Care and support needs	The individual or carer may require an assessment of needs in their own right
Adult at Risk desired outcomes	Cause or responsibility for abuse
Record keeping	Protective factors and strengths

Indicative Timescales

Adult safeguarding procedures do not set definitive timescales for each element of the process; however, target timescales are indicated. In addition, individual local authorities or SABs may make decisions on timescales for their own performance monitoring. Timescales must reflect the ethos of Making Safeguarding Personal (MSP). It is important that timely action is taken, whilst respecting the principle that the views of the adult at risk are paramount. It is the responsibility of all agencies to proactively monitor concerns to ensure that drift does not prevent timely action and place people at further risk. Divergence from any target timescales may be justified where:

- Adherence to the agreed timescales would jeopardise achieving the outcome that the adult at risk wants
- It would not be in the best interests of the adult at risk
- Significant changes in risk are identified that need to be addressed
- Supported decision making may require an appropriate resource not immediately available
- Persons' physical, mental and/or emotional wellbeing may be temporarily compromised

INDICATIVE TIMESCALES	
Stage 1: Concerns	<p>Immediate action in cases of emergency.</p> <p>Within one working day. The First Contact Team must send the referral to the appropriate Locality Team within one working day.</p> <p>The receiving Locality Team must send notification to the referrer to make them aware of receipt of referral, timescales involved in managing the referral and how to make contact.</p>
Stage 2: Enquiries <ul style="list-style-type: none"> • Initial Meetings • Planning Meetings • Enquiry Actions • Agreeing Outcomes 	<p>Same day concern received if not already taken place.</p> <p>Within five working days.</p> <p>Target time within 20 working days.</p>

<p>Stage 3: Safeguarding Plan & Review</p> <ul style="list-style-type: none"> • Safeguarding Plan • Review 	<p>Within five working days of enquiry report.</p> <p>Not more than three months, but dependent upon risk.</p>
<p>Stage 4: Closing the enquiry</p>	<p>Actions immediately following decision to close an enquiry where possible. Other actions within five working days.</p> <p>Completion of Making Safeguarding Personal (MSP) Feedback form, which includes prompts to feedback to all relevant parties.</p>

11. Lead Responsibility

Everyone has a responsibility to ensure that a concern about an alleged abuse is followed up. The London Borough of Redbridge is the lead agency for initiating Section 42 enquiry in its' local area. The ultimate responsibility lies with the Corporate Director of People (this role incorporates the Director of Adult Social Services (DASS) and the Director of Children's Services (DCS)). Safeguarding Adults Managers are responsible for providing support and direction to staff.

The police will lead on criminal investigations; however, the London Borough of Redbridge retains responsibility for ensuring that a Safeguarding Plan is in place and will make the decision in relation to the closure of a case if the Section 42 duty is satisfied.

12. Roles & Responsibilities

Local Authority Safeguarding Adults Manager

The Safeguarding Adults Manager (SAM) or Lead is a senior member of staff i.e. Heads of Service of the Community Health & Social Care Locality Team or Community Mental Health Teams, Managers of the teams or Community Mental Health Teams, and senior practitioners who have carried out the relevant training and make decisions in relation to concerns reported to the London Borough of Redbridge or through the Community Mental Health Service ([Section 75 NHS Act 2006](#) arrangements), chair meetings and have oversight of the safeguarding proceedings.

Section 75 arrangements allow partners (NHS bodies and councils) to contribute to a common fund, which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS Commissioners to commission social care. It enables joint commissioning and commissioning of integrated services. Section 75 is not a contract, nor an operational model or a transfer of functions.

The SAM may delegate the Section 42 enquiry to an experienced practitioner who has received an appropriate level of training and has the relevant experience and knowledge, from whichever agency they work, and they will report back to the SAM. The practitioner will be the named Lead Enquiries Officer. If the Lead Enquiry Officer is not a representative of the London Borough of Redbridge, the coordination of the enquiry will remain the responsibility of the SAM and retains oversight of the case.

The Chair of the proceedings should have had no prior involvement in the case. Their role is to facilitate the proceedings, which includes discussions, meetings and decision making and this includes:

- Ensuring the principles of Making Safeguarding Personal are adhered to

- Decision making is fair and objective
- Decisions made reflect the wishes of the adult at risk
- Ensure all parties participate
- Ensure the views of all relevant parties are represented The

Chair has a role to ensure that:

- The findings of enquiries are presented
- A realistic and appropriate Safeguarding Plan is in place
- Any actions are followed up
- The Safeguarding Plan is reviewed and monitored

LBR Community Health & Social Care Service: teams with responsibility for assessment, care/support planning and review, care co-ordination

This includes: Seven Kings, Fairlop, Wanstead & Woodford, Cranbrook & Loxford, Hospital Social Work, and Community Mental Health Teams & First Contact Team.

All teams have a responsibility to record reported details of concerns on the information system on the Safeguarding Adults Concern Form. If the person is allocated to a team, the referral must be passed on to them for follow up. If the concern is received by email/letter, this should be forwarded immediately to the team for follow up. The exception to this is the Safeguarding Adults & Protection Team who receives notification via the Case Management System, once the relevant form has been completed and authorised by the teams. The Safeguarding Service is responsible for acknowledging that the concern has been logged and will offer advice on how the case can be managed.

If a case is not known to a locality team, the concern will be logged by First Contact Team and passed on to the relevant cluster for follow up.

All Locality Teams have a responsibility to update the Information System and the safeguarding adult's spreadsheet at the point of being notified of safeguarding concerns. The safeguarding adults spread sheet is the means by which all data on safeguarding adults' activities that take place in Redbridge Council are recorded for the purpose of contributing to the national data collection on safeguarding adults' activities, managed by NHS Digital. The Safeguarding Concerns form must be completed and at the end of the process, a Safeguarding Monitoring Form and Feedback Form, which are a necessary part of the safeguarding process, must be completed for the process to be signed off by line managers has ended. A Safeguarding Risk Assessment must always be completed with the adult at risk and or their representative if after the process is concluded, there are still outstanding risks.

All Community Teams: On receipt of an identified concern that an adult at risk is being abused or neglected, have a responsibility to ensure:

- Necessary information is gathered
- The subject of the concern is appropriately supported and their needs and wishes identified, taking account of their desired outcomes
- Immediate medical attention is provided, if needed
- An alleged crime is reported
- Action has been, or is taken, to reduce risks
- There is appropriate liaison with other agencies
- There is appropriate liaison with people of significance to the adult
- Undertake all actions described with the consent of the subject of the concern, or in their best interests if they lack capacity to make specific decisions, except when the interests of other vulnerable adults or children take primacy
- Actions taken are appropriately recorded, and necessary documentation completed, including a safeguarding referral form, and whether further action is to be taken under safeguarding procedures
- There is management sign off for action/s to be taken
- The adult is supported through an enquiry process
- advocacy or IMCA's are involved as necessary
- There is appropriate liaison with others involved in an investigation/enquiries
- The adult receives appropriate support to give feedback about their experience.
- Apply the principles of the Mental Capacity Act 2005
- Apply the principles of Making Safeguarding Personal (MSP) in all actions undertaken.

All LBR Heads of Service and Team Managers have a responsibility to ensure:

- That team members execute their responsibilities appropriately
- That the Safeguarding Adults procedures are followed
- Those decisions taken are appropriate, proportionate to the risks, and informed by the wishes of the adult concerned, unless they lack capacity to make decisions about the risks, or other vulnerable adults or children may be affected by the risks. Under such circumstances, all decisions must be made in the person's best interests.
- That the adult concerned, their representative or advocate, is actively involved in the process
- They and team members contribute to audits of safeguarding work undertaken in the team.
- Ensure that appropriate authorising comments are made **AND** ensure that either service led, or non-service led is selected on the Case Management System in

order that a Safeguarding Adults activity is generated on the Safeguarding Adults Team desktop.

- All actions and decisions made must apply the principles of the Mental Capacity Act 2005
- Ensure that all staff involved in the procedures apply the principles of Making Safeguarding Personal (MSP).
- That safeguarding activities are appropriately coordinated, including how enquiries are made
- That any meetings arranged by the team and held under the procedures are chaired and minuted correctly.
- All Safeguarding Adults meetings **MUST** be chaired by Team Managers or senior practitioners who have attended the relevant training or have relevant experience in chairing safeguarding meetings (all team managers and seniors need to ensure that they have attended relevant training). Heads of Service may chair more complex cases
- That actions agreed are completed within the timescales agreed. This includes any actions for the team/allocated worker that result from referrals about service provision
- That any referrals about abuse within services are acted upon in a timely manner from receipt of referral, so that decisions can be made regarding further action under the procedures. This would usually entail holding a strategy meeting, and **MAY** trigger the active involvement of staff from the Safeguarding Adults Team.
- Should a **strategy meeting** not be held within a reasonable period of time, a **Strategy Discussion MUST** take place within 5 days with a clear plan for when a strategy meeting will take place if appropriate. Details of strategy meetings and or discussions **MUST** be recorded accurately and clearly on the Case Management System and also recorded on the Safeguarding Adults spread sheets.
- Care management/co-ordination actions or service provider actions will be the responsibility of the community teams or contracts teams respectively.

King George/ Queens/Whipps Cross Hospital Social Work Team:

- If an adult at risk is allocated to the hospital social work team and safeguarding concerns are reported in either hospital, it will be the hospital social work team's responsibility to follow up.
- In circumstances where a community team is dealing with safeguarding concerns and the service user is admitted to hospital, the community team maintains responsibility to follow up on the safeguarding concerns in addition to any case management issues.
- If an individual is in the community and is allocated to a team and safeguarding concerns are identified in the community and the individual is admitted to hospital, the concerns will be followed up by the community team.
- If an individual is not allocated to a community team and is admitted to hospital and safeguarding concerns are reported as having occurred in the community, the

relevant locality team will follow up.

- If an individual is not allocated to a community team and is admitted to hospital and a safeguarding incident occurs in hospital, the hospital social work team will follow up.
- If the individual is admitted to an out of borough hospital and safeguarding concerns are reported as having occurred in the hospital, the Host Authority will take the lead in the proceedings and the case will be allocated to a worker in the hospital social work team **if** it has no allocated worker in the community based team. If a community based team worker is already involved, the worker follows up on any actions required by the Host authority.
- If the safeguarding incident occurred in the community in Redbridge but service user is in an out of borough hospital, the locality team will remain responsible for following up on the concerns.

Where Alleged Abuse Occur	Allocated Team	Responsible Team
Hospital	Hospital SW Team	Hospital SW Team
Community	Hospital SW Team	Community SW Team
Hospital	Locality team and has allocated worker	Locality team
Hospital	Locality team and no allocated worker	Hospital SW Team
Community	Locality team and has allocated worker	Locality team
Hospital	Not known to hospital or Locality team	Hospital SW Team
Out of borough hospital	Locality team and has allocated worker	Host Authority and allocated worker from locality team
Out of borough hospital	Locality team and no allocated worker	Host Authority and allocated worker from LBR hospital SW Team
Out of borough hospital	Not known to hospital or Locality team	Host Authority and allocated worker from LBR hospital SW team
Community in Redbridge but admitted to out of borough hospital	Not known to hospital or Locality team	Locality team

LBR Safeguarding Adults Team has a responsibility to:

- Provide advice on complex issues to community teams, and other agencies within the borough with responsibility for safeguarding adults
- Monitor the work undertaken in the teams under the procedures
- Monitor outcomes, including feedback from the adult concerned
- Audit the standards of work and outcomes across the borough

Take over the coordinating and chairing role when the working relationship breaks down between a provider and locality team due to disagreements that there are difficulties in resolving

- Coordinate all safeguarding data on behalf of the borough to report to NHS Digital and the Redbridge Safeguarding Adults Board
 - Monitor the trends of safeguarding activities in the borough and ensure appropriate actions are taken
 - Locality teams within the service are expected to undertake all aspects of safeguarding adults work including complex cases. A decision will be negotiated at Director and Head of Service level on case-by-case basis in relation to coordinating enquiries where there are serious concerns that abuse or neglect has occurred within a service, **AND** is complex **OR** there are multiple concerns, or as a result of the conduct of a person in a formal position of trust. It will be the responsibility of the teams to gather the initial information in response to the concern and ensure that appropriate action is taken
- Chair meetings under the procedures, and arrange for minutes to be taken, when alleged abuse or neglect has occurred within a service, as a result of the conduct of a person in a formal position of trust **AND** has a high level of complexity. Ensure that the adult concerned, or their representative or advocate, is actively involved in the process. Ensure actions agreed are completed within the timescales agreed until there is a conclusion to the incident. Case management/co-ordination actions or service provider actions will be the responsibility of the teams or contracts teams respectively
 - Oversee organizational concerns. Case management/co-ordination actions or service provider actions will be the responsibility of the teams or contracts teams respectively
 - Ensure any necessary actions are taken based on the outcome of an investigation of a personal assistant, including referral to the Independent Safeguarding Authority.
 - Ensure that the principles of Making Safeguarding Personal (MSP) are adhered to.
 - Organise awareness raising events in the Borough
 - Carry out briefings to the teams
 - Take the lead on the [RSAB Policy & Practice Subgroup](#)
 - Support the teams and clusters around applying the principles of the Mental Capacity Act to practice and Best Interests decision making
 - Manage PiPoT procedures (see the [Redbridge Framework for Managing](#)

Allegations against People in Positions of Trust (PiPoT)

- Manage the Deprivation of Liberty Safeguards (DoLS) applications submitted to the borough

NOTE: The differentiation of roles between community teams and the Safeguarding Adults Team can be applied flexibly, on negotiation between senior practitioners or team managers

Adults placed by other authorities where Redbridge has the host Authority role:

- the team receiving the referral has a responsibility to liaise with the placing authority, and ensure, in discussion with the placing authority, that appropriate actions are taken
- if it is agreed by the placing authority and the team that receives the referral that there needs to be further action under the safeguarding procedures, the relevant locality team will co-ordinate further action with the placing authority, who will undertake whatever action is necessary to execute their duty of care to the service user.
- If the placing authority is at too great a distance from Redbridge to be able to play an active part in supporting the service user, actions will be negotiated. Please refer to the [ADASS Out-of-Area Safeguarding Adults Arrangements \(June 2016\)](#) for further information)

Service providers, whether directly providing services or commissioned by social services or health, have a responsibility to:

- Ensure that immediate action is taken when there are concerns that an adult has been abused or mistreated. This may include agreeing with the person immediate support needed, arranging medical treatment if required, reporting an alleged crime to the police, informing any person or agency with a need to know. Acting according to best interest principles if the subject of the concern lacks capacity to make a specific decision
- Take action, if necessary, in consultation with the person, their representative and the community team, to assure the immediate safety of the subject of the concern
- Take action to safeguard other service users
- Keep appropriate records of actions taken and decisions made
- Make a referral under safeguarding procedures and inform any person or agency with a need to know
- Ensure that Redbridge is notified and the placing authority if applicable
- Provide information to, and attend safeguarding meetings
- Undertake thorough enquiries documenting accurately, as agreed at a

strategy meeting or during a strategy discussion

- Implement any action agreed as a consequence of the enquiry, including action to improve service standards, or to refer an individual to their professional body or the DBS

LBR Contracts & Procurement and the Quality Assurance service have a responsibility to:

- Contribute to the safeguarding process when concerns are raised about care or support within a contracted service that affects the overall service delivery.
- Ensure service providers undertake their responsibilities appropriately
- Address any shortfalls in the action taken by service providers
- Identify any improvements needed in how a provider executes their responsibilities, and how these will be addressed
- Use the contracting process to enforce compliance, if necessary, and to safeguard service users
- Monitor Action Plans drawn up when organizational concerns are identified

Independent Mental Capacity Advocacy

- IMCA's have a statutory role in the safeguarding adult's process. There is a legal requirement to make a decision about instructing an IMCA for an adult at risk where they lack capacity to make decisions about their safety. This may be unnecessary where the adult at risk has alternative independent representation in the form of a family member, friends, or another advocate.
- The London Borough of Redbridge has a duty to ensure that if an adult at risk has significant or substantial difficulties in understanding the process and has no support from family or friends, a referral must be made for the support of an independent advocate.
- Two distinct types:
 - a) Instructed IMCA's take their instructions from the person they are representing. Instructed advocates take their instructions from the person they are representing and would only attend with the permission of the adult at risk.
 - b) Non-instructed work with people who lack capacity to make decisions about how the advocate should represent them. Non-instructed advocates independently decide how best to represent the person.
- Advocates have a responsibility to provide support to the adult to assist them in understanding the process.

Police

- The police have a responsibility to ensure that crimes against adults at risk are investigated in accordance with the LBR Safeguarding Adults Standard Operating

Procedures (SOP).

- Hold people causing abuse to account
- Where criminal proceedings are deemed inappropriate, to work with partner agencies and to identify courses of actions.
- In all cases, all agencies have a responsibility to ensure that if it is suspected that a crime has been committed, this need to be reported immediately to the police and the crime scene should not be interfered with, wherever possible. The needs of the person harmed should always take precedence. Early consultation with the initial investigating officer may reveal that the scene may not need to be maintained; however, this **must** be clarified and confirmed with the investigating officer.
- The investigating officer or representative should be invited to any meetings held within the safeguarding procedures

13. Redbridge Locality Teams Contact Information

<p>Person not in receipt of services or information not known or placed in Redbridge by another authority</p>	<p>First Contact Team 020 8708 7333 Adults.Alert@redbridge.gov.uk Out of Hours (from 17:00 to 09:00, weekends and bank holidays) 020 8708 5897</p>
<p>Person admitted to hospital</p>	<p>Hospital and Health Social Work Team Whipps Cross Hospital 0208 708 3038 Incidents that occur in Whipps Cross Hospital will be overseen by LB Waltham Forest King George Hospital 0208 708 3038 Incidents that occur in Queens Hospital will be managed by LB Havering</p>
<p>Person in receipt of services (residential/nursing care, domiciliary care, day care) and allocated to a team/cluster Registered provider informs CQC: 03000 616161</p>	<p>Cranbrook & Loxford Locality Team 020 87087921</p> <hr/> <p>Seven Kings Locality Team 02087082188, Option 2</p> <hr/> <p>Fairlop Locality Team 020 8708 7004/ 020 8708 27006</p> <hr/> <p>Woodford & Wanstead Locality Team 020 87082389</p> <hr/> <p>All safeguarding referrals to Redbridge Mental Health service must be sent to: RB-MHWTSPA@nelft.nhs.uk Home Treatment - 0300 300 1882 (Option 2) Mellmead House – 0300 300 1706 Mental Health Direct Crisis – 0800 995 1000</p>

14. Protocol for the Suspension of Placements/Contracts with Services Where there are serious Safeguarding Adults Concerns

Purpose

This protocol covers services commissioned in the London Borough of Redbridge that provide health or social care to adults at risk as defined in the Care Act 2014 and the London Multi-Agency Adult Safeguarding Policy & Procedures. It sets a framework for how decisions will be made to suspend contracts when there are serious concerns of abuse or exploitation of adults at risk.

Definition

The protocol will be applicable:

- When an adult at risk dies, sustains life threatening injury, or a serious and permanent impairment to their health while in receipt of a contracted service.
- And** there are concerns that abuse or neglect has been a sole or contributory factor.
- And** there are concerns about the fitness of the service in safeguarding the needs of service users.

Activation

The protocol can be activated by a social care team manager, or a community nurse manager/matron in health services. The manager will consult with their Head of Service to consider the seriousness of the concern, the evidence, and the risks to service users.

Process

The Senior Officer will be responsible for liaising with their counterpart in health services or local authority who has equivalent responsibility for commissioning from the subject service. A meeting will be convened within 5 working days to agree action to be taken. The meeting should include the person who activated the protocol, the Head of Service with a case management responsibility for the service, the Principal Social Worker and the Head of Service for Safeguarding Adults and Protection. There should also be attendance from an officer with a contracting responsibility to give advice about contracting details, and legal services to give legal advice.

The meeting will consider:

- The evidence of risk: the incident/s, the evidence to date indicating possible abuse.
- The evidence concerning the fitness of the organisation, including action being taken by CQC, and requirements from previous inspection reports.
- Information concerning patterns of complaints relevant to the particular incident/s.
- The impact of any decision on the local authority's responsibilities as a "host" authority under SA procedures, and the impact on other service users.
- How the outcome will be communicated, by and to whom, and the timescales for this.

- The Chair of the proceedings will inform the provider that it is subject to the Provider Concerns process and share as much information as possible without compromising any subsequent lines of enquiry.

If all relevant officers are unable to attend, “in principle” decisions will be made with a timescale for the provision of the specific advice/opinion required. The recommendation of the meeting will be communicated to the Corporate Director of People (incorporating the role of Director of Adult Social Services (DASS)) on whose authority the decision whether or not to suspend will be made.

Section Two: Policy

15. The Care Act and Safeguarding Adults

The Care Act sets out a Local Authority's general duty to promote well-being in relation to how people are treated, and the following must form part of that:

- Personal dignity and Respect
- Physical, mental health and emotional well-being
- Protection from abuse and neglect
- Control by an adult over their day-to-day life
- Participation in work, education training and recreation
- Social and economic well-being
- Domestic, family, and personal relationships
- Suitability of living accommodation
- The person's contribution to society

Promoting well-being does not simply mean looking at a need that corresponds to a particular service. There must be a genuine conversation about people's needs for care and support at the heart of the assessment and planning process. The Care Act determines that where the individual is unable to participate fully in these conversations and has no one to help them, the local authority must arrange for an independent advocate. This duty applies to adults who are the subject of a safeguarding enquiry or Safeguarding Adults Review (SAR).

Section 42 places a duty on local authorities to make or cause others to carry out enquiries if there is concern that an adult with care and support needs (met or unmet) is experiencing or is at risk of abuse and or neglect.

The specific circumstances will often determine who the right person is to begin an enquiry. In many cases a professional who already knows the adult will be the best person. The local authority retains the responsibility for ensuring that the enquiry is referred to the right place and acted on. The local authority in its lead and coordinating role, should assure itself that the enquiry satisfies its duty under section 42 to decide what action (if any) is necessary to help and protect the adult and by whom and to ensure that such action is taken when necessary. In this role if the local authority has asked someone else to make enquiries, it is able to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.

The core duties set out by the Act are:

- Each local authority **must** set up a Safeguarding Adults Board (SAB)
- Local authorities **must** carry out enquiries in accordance with Section 42 of the Act or cause others to where it suspects an adult is at risk of abuse or neglect
- The Act requires that local authorities **must** carry out Safeguarding Adults' Reviews (SAR's) in accordance with Section 44 of the Act into cases where an

- adult at risk dies as a result of abuse or neglect
- New abilities for SABs to require information sharing from other partners to support reviews or other functions.
- SAB's **must** publish a strategic plan for each financial year in consultation with the local Healthwatch and the local community
- SAB's **must** publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults' reviews and subsequent actions to implement the findings. Where the SAB decides not to implement an action from the findings it **must** state the reason for that decision in the Annual Report.

The [Care Act statutory guidance](#) outlines several principles that underpins care and support including safeguarding adults. Local Authorities must promote health and well-being and this principle applies in all cases where the local authority is carrying out a care and support function or deciding.

Safeguarding duties apply to an adult who:

- *has needs for care and support (whether or not the local authority is meeting any of those needs) and*
- *is experiencing, or at risk of, abuse or neglect; and*
- *as a result of those care needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect*

16. The Six Principles of Safeguarding Adults

The six principles of safeguarding adults were first introduced by the Department of Health in 2011 but are now embedded in the Care Act. These principles underpin and are the foundation all work in relation to safeguarding adults.

- **Empowerment** – people being supported and encouraged to make their own decisions and informed consent. *“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens”.*
- **Prevention** – It is better to take action before harm occurs. *“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help”.*
- **Proportionality** – The least intrusive response appropriate to the risk presented. *“I am sure that the professionals will work in my best interests, as I see them and they will only get involved as much as needed”*
- **Protection** – Support and representation for those in greatest need. *“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want”*
- **Partnership** – Local solutions through services working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse. *“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me”*

- **Accountability** – Accountability and transparency in delivering safeguarding.
“I understand the role of everyone involved in my life and so do they”

Further information can be found in the [Care Act 2014 Statutory Guidance – Care and support statutory guidance](#).

17. The Mental Capacity Act 2005

The [Mental Capacity Act](#) provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future.

The Act sets out five ‘statutory principles’ – the values that underpin the legal requirements of the Act:

- A person **must be assumed to have capacity** unless it is established that they lack capacity.
- A person is not to be treated as unable to make a decision unless all **practical steps to help him** to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an **unwise decision**.
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done or made in his **best interests**.
- Before this is done, or the decision made, regard must be given to whether the purpose for which it is needed can be as effectively achieved in a way that is **less restrictive** of the person’s rights and freedom of action.

18. What is Abuse?

The [Care Act 2014](#) requires that local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual should always be considered; although the criteria at paragraph 14.2 of the Care Act will need to be met to come within the framework of safeguarding procedures. Exploitation, in particular, is a common theme in the following list of the types of abuse and

neglect.

- **Physical Abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic Violence** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ violence.
- **Sexual Abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressurised into consenting.
- **Psychological Abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern Slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect and poor practice within an institution or specific settings such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect** – this covers a wide range of behaviour, neglecting to care for one’s

personal hygiene, health or surroundings and behaviour such as hoarding.

- **Honour based violence** – a crime or incident, which has or may have been committed to protect or defend the honour of the family and or community. It is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and or honour. The violence can occur when perpetrators perceive that a family member has shamed the family and or community by breaking their honour code.
- **Forced Marriage** – a term used to describe a marriage in which one or both of the parties are married without consent or against their will. A forced marriage differs from an arranged, in which both parties' consent to the assistance of their parents or a third party in identifying a spouse. Forced marriage can be a particular risk for people with learning difficulties and people lacking the mental capacity to give consent.
- **Female Genital Mutilation (FGM)** – this involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The age at which girls undergo FGM varies according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy. FGM constitutes a form of child abuse and violence against women and girls and has severe physical and psychological consequences. In England, Wales and Northern Ireland, the practice is illegal under the [Female Genital Mutilation Act 2003](#).
- **Human trafficking** – defined as the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power or a position of trust or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.
- **Exploitation by radicalisers who promote violence** – this involves the exploitation of susceptible people who are drawn into violent extremism by radicalisers. Violent extremists often use a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. The Prevent Strategy launched in 2007 seeks to stop people becoming terrorists or supporting terrorism. It is the preventative strand of the government's counter-terrorism strategy, [CONTEST](#).
- **Carers at risk of harm from the person to whom they are providing care and support** – carers who experience abuse can be supported.

19. Making Safeguarding Personal (MSP)

Making Safeguarding Personal (MSP) means the safeguarding adults process should be person led and outcome focused. The adult at risk is engaged in the process and if they are unable to, then their representative (family/friend/advocate) is involved. MSP is a shift from process driven to a more person-centered approach.

The Care Act 2014 statutory guidance states that all safeguarding partners should “take a broad approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We have different preferences, histories, circumstances, and lifestyles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised” and that adult safeguarding should “be person led and outcome focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing, and safety”.

20. Information and Advice

Chapter 14 of the Care Act places a duty on Safeguarding Adults Boards (SAB's) to provide general information and advice and to promote public awareness of adult safeguarding. This includes information on safeguarding adults' arrangements in the borough, the different types of abuse and how to keep safe. The SAB may request a person to supply information to it or to another person if it reasonably believes that the information will enable it to do its job. The person receiving the request must provide the information to assist the SAB. SAB's must also provide accessible information and advice on how to report concerns.

Section Three: Useful Links

21. Links to Information and Guidance

LB Redbridge Support and Help for Adults	https://adultcare.redbridge.gov.uk/
LBR Safeguarding Adults Referral Form	https://eforms.redbridge.gov.uk/redbridge-safeguarding-adults-referral-form/
Redbridge Safeguarding Adults Board (RSAB)	https://www.redbridgesab.org.uk/
ADASS Out-of-Area Safeguarding Adults Arrangements	https://www.adass.org.uk/media/5414/adass-guidance-inter-authority-safeguarding-arrangements-june-2016.pdf
Care Act 2014	https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
Care Act 2014 – Statutory Guidance	https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance
SCIE Safeguarding Adults	https://www.scie.org.uk/safeguarding/adults